

2002-07

DATE: December 31, 2001

DOCUMENT TITLE: Scope of Project Policy

TO: All Bureau of Primary Health Care Grantees

Attached is an update of the scope of project policy as it applies to the Bureau of Primary Health Care (BPHC) grantees awarded funding under section 330 of the Public Health Service Act. This Policy Information Notice (PIN) supersedes PIN 2000-04 "Scope of Project Policy," and is intended to clarify scope of project issues, improve consistency, and provide guidance concerning change in scope requests. It addresses changes in scope of project that do **not** require additional Federal funds. If additional Federal support will be required to implement the changes, the Center should consider submitting an application for competitive funds.

This PIN describes the policy and procedures for requesting approval for changes in sites or services. Although included as part of the approved scope of project, changes in target population, service area, and providers do not need prior approval unless they are accompanied by a change in sites or services. The following are highlights of the major changes:

- To obtain approval for a change in service delivery sites and/or services provided, health centers must prepare a change in scope request as outlined in this PIN. Change in scope requests will no longer be accepted as part of the continuation grant application, but must be submitted as a separate request.
- References to Federally Qualified Health Center (Medicaid) cost-based reimbursement have been replaced with references to Prospective Payment System (PPS) or other State-approved alternative payment methodologies to reflect the change authorized in the Medicare, Medicaid, and State Child Health Insurance Program Benefits Improvement and Protection Act of 2000. Please note: the change in scope of project for Health Resources and Services Administration grantees is not the same as a change in scope of services for increased reimbursement through the PPS.
- There is no process for retroactive approval of change in scope requests. If approved, the effective date is the date the request is received by the BPHC. However, if not subsequently approved, health centers are at risk for the specific site/service during the time period prior to notification of disapproval. Please plan accordingly and submit change in scope requests far enough in advance to allow for adequate review time.
- Electronic submission is the preferred method for submitting a change of scope request.

BPHC Policy Information Notice 2002-07

As this revised scope of project policy is implemented, the BPHC plans to obtain feedback and make revisions when necessary. If you have questions regarding the scope of project policy or the information presented in this document, please contact your project officer identified on the Notice of Grant Award. The BPHC headquarters and field staff should direct questions and concerns to Barbara Bailey at 301-594-4315.

Marilyn Hughes Gaston, M.D.
Director, Bureau of Primary Health Care

Attachments

SCOPE OF PROJECT POLICY

I. INTRODUCTION

The mission of the Bureau of Primary Health Care (BPHC) is to increase access to quality primary health care services and reduce health disparities for underserved and vulnerable populations. As the health care marketplace continues to change and foster new ways of delivering health services, it is vital that BPHC-supported health centers adapt to the changing marketplaces while maintaining their commitment to the philosophy and intent of this mission. Because of the importance of the scope of project concept, it is crucial that health centers request approval for changes of scope in the areas of sites and services, and update the BPHC regarding any other changes to the scope of project prior to occurrence. This Policy Information Notice (PIN) supersedes PIN 2000-04 “Scope of Project Policy” and outlines the process for requesting approval of changes in the current scope of project.

II. APPLICABILITY

This PIN applies to all BPHC health service delivery grants awarded under section 330 of the Public Health Service (PHS) Act, including the Community Health Center, Migrant Health Center, Health Care for the Homeless, Public Housing Primary Care, and Healthy Schools Healthy Communities Programs, collectively referred to as “health centers.” Section 330 outlines the services that health centers must provide, including primary health services, referrals to providers of health-related services, patient case management services, enabling services, education, and additional health services as appropriate for the health center population. Based on this legislation, PIN 98-23, “Health Center Program Expectations,” describes the program expectations for BPHC programs. A health center’s scope of project should be consistent with these program expectations, as well as with the missions of the health center and BPHC.

III. IMPORTANCE OF SCOPE OF PROJECT

The scope of project is a description of the health center’s project, categorized by five core elements: services, sites, providers, target population, and service area(s). The scope of project:

- Stipulates what the total approved grant-related project budget supports, specifically defining the services, sites, providers, target population, and service area for which grant funds may be used, in whole or in part. This total project budget includes program income and other non-section 330 funds.
- Defines broadly the scope of coverage (subject to exceptions) of the Federal Tort Claims Act (FTCA) program that provides medical malpractice coverage for deemed health centers and most individual employees (see PIN 99-08 “Health Centers and The Federal Tort Claims Act,” PIN 2001-11 “Clarification of Policy for Health Centers Deemed Covered Under the

Federal Tort Claims Act for Medical Malpractice,” and Program Assistance Letter (PAL) 99-15 “Questions and Answers on the Federal Tort Claims Act Coverage for Section 330, Deemed Grantees”);

- Defines for the section 340B Drug Pricing Program, the necessary site information enabling covered entities to purchase discounted drugs for patients;
- Defines the approved service delivery sites and services necessary for State Medicaid Offices to calculate payment rates under the Prospective Payment System (PPS) or other State-approved alternative payment methodology (see PAL 2001-09 Department of Health and Human Services Fiscal Year 2001 Appropriations, Other Legislation, and Regulation Issuances) and subsequent information posted on www.bphc.hrsa.gov; and
- Defines the approved service delivery sites necessary for the Centers for Medicare and Medicaid Services (CMS) to determine a health center’s eligibility for Federally Qualified Health Center (FQHC) Medicare cost-based reimbursement.

An approved scope of project is often part of a larger health care delivery system and, as such, needs to be distinctly defined within that context. The BPHC-supported health centers may have other activities that are not part of their scope of project, referred to as Other Lines of Business (OLB) and, thus, are not subject to section 330 requirements and expectations. It is important to note that for activities that are not part of the scope of project, the health center is not entitled to certain benefits, i.e., utilization of section 330 funds, Medicaid PPS and FQHC payments and Medicare FQHC reimbursements, FTCA coverage, and Drug Pricing benefits. In addition, there must be sufficient revenue from the OLB to support all direct costs of the activity and a proportionate share of overhead to ensure that section 330 funds and other grant-supported resources are not inappropriately used to support costs outside the approved scope of project.

IV. FIVE CORE ELEMENTS OF SCOPE OF PROJECT

Five core elements constitute scope of project and address these fundamental questions:

- Where will services be provided (sites)?
- What services will be provided (services)?
- Who will provide the services (providers)?
- What area will the project serve (service area)?
- Who will the project serve (target population)?

A. Sites

A site is any place where a health center provides services to a defined geographic service area or population on a regular, scheduled basis (e.g., daily, weekly, or monthly) regardless of

the number of hours per week, and does so as part of the project. Sites are where the health center generates encounters by documenting face-to-face contacts between patients and providers who exercise independent judgment in the provision of services to the individual. They can include, but are not limited to, health care facilities, schools, migrant camps, homeless shelters, and mobile medical vans where health care services are provided. Those sites at which the health center regularly provides care must be listed in Exhibit B (sites) of the Single Grant Application to be considered for inclusion in the scope of project; however, for limited service arrangements with multiple locations of a certain type, health centers may list the type of location in Exhibit B rather than each individual location. For example, if a health center provides immunizations once a month at 15 different day care centers, the individual day care centers need not be listed as sites; however, the category “day care center” should be listed in Exhibit B, and the activity should be described in the narrative, “Section I, part 5 Project Summary” for project period renewals and “Section II, part 4 Project Update” for budget period renewals.

Although the locations where clinicians and project staff go from **time-to-time** to seek out, engage and serve persons eligible for the project’s services are covered under the scope of the project, compiling an exhaustive list of such sites is impractical and is not required to define the approved scope of project. For example, locations for off-site activities required by the health center and **documented as part of the employment agreement or contract between the health center and the provider** (e.g., health center physicians providing coverage at the hospital emergency room or participating in hospital call for unassigned patients) do not need to be listed as sites, but may be included in scope of project. Also, locations where the only services delivered do not generate encounters (i.e., filling prescriptions, taking X-rays, performing street outreach or providing health education, etc.) need not be listed as sites, but should be described in the scope of project and included in the annual grant application, as they contribute to the provision of comprehensive primary care services. Administrative offices that do not provide services are not considered service sites; therefore, any changes in location of administrative offices do not require approval.

B. Services

The services provided by a health center, either directly or by referral, are identified in Exhibit B (services) of the Single Grant Application. Services are reported in aggregate for the total Center, not on a site-by-site basis. In general, a change in services provided will be viewed from the perspective of the grantee, not the individual site, as it has long been the policy of the BPHC that not all services must be available at every grantee site. Rather, the patient must have reasonable access to the full complement of services offered by the center as a whole.

In addition to the direct provision of services, health centers may have a variety of arrangements for providing services through contractors or other referral arrangements. The

scope of project should identify situations where the health center has made formal arrangements (i.e., a written agreement or ability to document the service in the patient record) to ensure availability of comprehensive services to its patients. Referral arrangements are considered part of scope of project if the health center makes the referral and receives feedback to enable appropriate follow-up. Note: FTCA and Drug Pricing coverage does not extend to all such arrangements. Health centers should refer to PINs 99-08 “Health Centers and The Federal Tort Claims Act” and PIN 2001-11 “Clarification of Policy for Health Centers Deemed Covered Under the Federal Tort Claims Act for Medical Malpractice,” to clarify whether an arrangement is covered by FTCA, and to *Federal Register*, Vol. 61, No. 207, page 55157-8, “Patient and Entity Eligibility” for clarification of the Drug Pricing benefit for referrals.

Provision of non-primary care services must be based on the needs of the community and the capacity of the health center to provide those services. Health centers are encouraged to thoroughly investigate the costs, benefits, and risks before providing these services.

C. Providers

Providers are individual health care professionals who deliver services on behalf of the health center on a regularly scheduled basis. They assume primary responsibility for assessing the patient and documenting services in the patient’s record. Providers include only individuals who exercise independent judgment as to the services rendered to the patient during an encounter. Moonlighting, defined as engaging in professional activities outside of the provider’s employment responsibilities to the primary employer (health center), is not considered part of the scope of project.

Complementary and alternative medicine providers may be included in the scope of project and be covered under FTCA if the provider is practicing in compliance with State law and regulations.

Please note that the BPHC definition of “provider” may not be consistent with those providers who are covered under FTCA. Individuals covered by FTCA may include others, such as lab and radiology technicians, as described in section 224 of the PHS Act. Likewise, not all provider arrangements in the scope of project are covered by FTCA. For example, volunteer providers, physicians contracted under a professional corporation or employed by another corporation, physicians acting as Chief Medical Officers of a network, interns/residents/medical students not employed by the health center, and health center physicians supervising non-health center employees (except to fulfill on-call or contractual requirements, including subrecipient oversight) may be included as part of scope of project, but are not covered under FTCA.

D. Service Area and Target Population

The service area is the geographic area that is served by the health center. The target population is the medically underserved community or special population to be served by the health center. The target population must be represented on the health center Board of Directors.

Health centers are expected to collaborate with other entities who provide primary care services in the same service area and/or to the same target population to ensure that their activities are complementary and collaborative. To this end, health centers should be able to document efforts to work positively with other entities in the area to be served.

V. POLICY FOR CHANGE IN SCOPE OF PROJECT

In response to the changing environment, many health centers have undertaken changes to their scope of project, such as adding new sites and/or services, to improve their financial viability; however, these changes in scope of project may pose high risks to the health center. Approval is contingent on a demonstration of projected revenue and expenses showing break-even (worst case scenario) or the potential for generating a surplus. A complete financial analysis of the impact of adding a site/service is imperative to ensure long-term viability. Because unforeseen events may occur, making original projections inaccurate, health centers should continually monitor the progress of their new site and/or service and be prepared to take remedial action should revenues fail to meet or exceed expenses. Surpluses must be reinvested in activities that further the objectives of the health center project, consistent with and not specifically prohibited by section 330. Any request for change in scope of project must be approved by the Board of Directors of the health center.

This PIN addresses those changes in scope of project that do not involve **additional** section 330 funding at the time of the request.¹ Once approved, however, existing section 330 funding may be used for new sites and services added to the scope of project.

A. Required Approval for Change of Sites (adding, dropping, or relocating) and Change of Services (adding or dropping)

Based on regulations outlined in Title 45, Parts 74 and 92 of the Code of Federal Regulations and the PHS Grants Policy Statement, health centers must obtain prior approval for significant changes in the approved scope of project (i.e., changes in sites and services). An **increase or decrease** in the number of sites, certain **relocations** of sites previously approved in Exhibit B (service sites) of the Single Grant Application, and

¹ If additional section 330 funds are necessary to make the project viable, the health center should submit an application for competitive funding opportunities rather than a change in scope.

adding or dropping a service approved in Exhibit B (current services provided) of the Single Grant Application, are considered significant changes in the scope of project and therefore require prior approval from BPHC. However, the relocation of a site that does not impact the budget, the services provided, the number of patients served, or the number and type of providers available does not require prior approval and, therefore, the health center does not need to submit a change in scope request for such relocation. For example, the relocation of a site from an inadequate building to a new, similar-sized building nearby typically will not require prior approval. However, if the relocation involves a much larger building that will serve more patients, offer more services, and have budgetary impact, such a change will require prior approval.

Although prior approval is not required for some relocations, centers should, at a minimum, submit a revised Exhibit B from the Single Grant Application and a cover letter describing the relocation, the square footage involved, cost differences due to change in facility, staffing and patients seen at the address included in Section B – Process for Change in Scope to ensure continued FTCA and Drug Pricing coverage.

There is no requirement to obtain prior approval for changes affecting target population, providers, and service area that are not linked with changes in sites or services. For example, if the health center has been providing mental health services with a social worker and decides to add a psychologist, there is no change in the services being provided (mental health) and, therefore, the health center does not need to request prior approval if there is no significant impact on the budget. Similarly, the issue of adding a service currently provided at one site to another existing site may require the submission of additional information to ensure coverage from FQHC, FTCA, Drug Pricing benefits, but should not require a change in scope request if additional funds will not be necessary. Changes in providers, target population, and service area should be noted in the continuation application, and health centers should continue to keep their project officer apprised by phone and in writing of these changes prior to occurrence. Any request for a change in sites and/or services will be reviewed to determine if it 1) meets the "no additional section 330 funding" criterion; 2) does not shift resources away from providing services for underserved and vulnerable populations; 3) furthers the mission of the health center by increasing or maintaining access and improving or maintaining quality of care for underserved and vulnerable populations; 4) is fully consistent with section 330 legislation and BPHC program expectations including appropriate Board representation for changes in sites; 5) does not eliminate or reduce access to a required service; 6) does not result in the diminution of the level or quality of health services currently provided to the target population; and 7) continues to serve a Medically Underserved Area (MUA) or Medically Underserved Population (MUP) (for projects required to serve a MUA or MUP). Please note that the site does not have to be located in an MUA to serve it.

B. Process for Change in Scope of Project

To obtain approval for a change in sites and/or services, health centers must prepare a change in scope request, as outlined in the following two sections of this PIN. Change in scope requests will no longer be accepted as part of the continuation grant application, but may be submitted at any time during the year. To expedite the process an email account specific for change in scope requests has been established. Section 330 grantees should email their complete change in scope request to bphscope@hrsa.gov and send a signed original to the Office of Grants Management at 4350 East-West Highway, 11th Floor, Bethesda, Maryland 20814. A courtesy copy should also be forwarded to your project officer in the Field Office.

Health centers should consult with their project officer in the Field Office as soon as they begin to consider making changes to their scope of project. Ideally, health centers should anticipate most changes and submit a request for approval at least 60-days before implementing the anticipated change. The BPHC does recognize that there are circumstances where submitting a change in scope request early may not be possible; however, the goal is to minimize these occurrences through strategic planning. The BPHC does not have a process for retroactive approval; therefore, late submission of a change in scope request could jeopardize Medicaid PPS and Medicare FQHC reimbursements, FTCA coverage, and Drug Pricing benefits for the specific site/service during the time period prior to action being taken. The date of receipt of a complete application will be considered the effective date of benefits coverage for any approved changes.

For those change in scope requests that are incomplete, the BPHC aims to notify the health center within 10-days of receipt of the request, asking for the missing information to be provided within 30-days. If the missing information is not provided by the end of 30 days, the request will be denied and returned to the center. The BPHC's goal is to respond to health centers with a Notice of Grant Award (NGA) indicating approval or a letter indicating disapproval within 60-days of receipt of the complete request, **assuming the health center submits all the information according to the process outlined in this PIN**. Due to the varying complexity of requests, it may be necessary, in some cases, to extend the process if additional review, such as an on-site consultation, is necessary. In those cases, the health center will be notified within the 60-day review period of any potential delays in processing requests. The BPHC strongly encourages health centers to plan accordingly.

Although health centers must request approval for changes in scope separate from their continuation grant applications, it is still very important for health centers to fully describe their scope of project for all five core elements in their continuation grant application.

C. Format for Requesting the Addition of a Site/Service or Relocation of a Site

For adding a site/service or relocating a site, the following information should be provided:

- Cover Page (Attachment A of this PIN)
- Completed Exhibit B (Current Services Provided and Service Sites) of the Single Grant Application.
- One-year budget specific for the change, showing the projected number of encounters, payer mix, revenue and expense projections, sources of support, and sustainability. If any of the sources of funding are not projected to continue beyond an initial period of time (i.e., beyond the first year of the project), please describe what sources will support the change in scope in the future. The revenue and expense projections must be at a level of detail that clearly shows no additional section 330 funding is required for the change. For an example of calculations to be included in a revenue projection, please refer to the Single Grant Application Form 3 entitled “Income Analysis Format.”
- One-year total budget (for the entire scope of project including the requested change), showing the projected total number of encounters, payer mix, and revenue and expense projections. Again, the revenue and expense projections must be at a level of detail that clearly shows no additional section 330 funding is required for the change.
- Completed and signed Change in Scope Assurances Checklist (Attachment B of this PIN)
- A brief narrative (maximum of 6 pages for adding or relocating a site; maximum of 3 pages for adding a service) describing the change in scope that is being proposed and addressing the following questions:
 1. Why is the change in scope being proposed? Include the following information:
 - a. The latest community needs assessment that illustrates a need for the new site/service in the community.
 - b. If no needs assessment was completed, an explanation of how the need for the new site/service was determined.
 - c. The impact of the change on the total organization, including a description of the service delivery system and how the appropriateness and quality of care are maintained for the new site or service.
 2. If the target population for the new site/service is different from that currently served by the health center, what is the target population of the new site/service? Include the following information:
 - a. Number of patients expected to be seen annually at the new site or expected to utilize the service.
 - b. Information demonstrating the need of the target population.
 - c. Percentage of individuals below 200 percent of the Federal Poverty

Level.

- d. Percentage of uninsured individuals.
 - e. Health disparities present in the target population.
 - f. Any additional information that will document the need, such as unemployment rate, percentage of minority/special populations, ratio of primary care physicians to population, etc.).
3. If the service area of the new site/service is different from that currently served by the health center, what is the service area for the new site/service? Include the following information:
- a. List of census tracts, counties, minor civil divisions, etc., in the new service area.
 - b. List of other existing entities who provide primary care services to the same target population and/or in the same geographic service area. Highlight the safety net providers i.e., other BPHC-supported health centers, rural health clinics, FQHC Look-Alikes, and other related entities that are serving the same geographic area or target population.
 - c. Description of coordinated/collaborative efforts with these entities.
 - d. Letters of support from safety net providers in the area.
 - e. Description of Board representation from the new service area.
4. **For adding or relocating a site:** How will the new site be staffed, and what services will be provided? Include the following information:
- a. Number and types of providers.
 - b. If not all required primary care services that the health center offers its patients at other sites are being provided, how will access to these services be assured? For example, if the new site will provide only dental or mental health services, how will access to comprehensive services be assured?
5. **For adding a service:**
- a. If it is a specialty or non-primary care service, how does it complement primary care services and the health care needs of the users and community?
 - b. If it has traditionally been the financial responsibility of a local, county, or State government, why is the health center assuming responsibility for the service?

D. Format for Requesting the Reduction of a Site/Service

For dropping a site or service, the following information should be provided:

- Cover Page (Attachment A of this PIN)
- Completed Exhibit B (Current Services Provided and Service Sites) of the Single Grant Application.
- One-year budget specific for the change, showing the impact on payer mix, revenue projections, and expense projections.
- One-year total budget (for the entire scope of project including the requested change), showing the projected number of encounters, payer mix, and revenue and expense projections.

- Completed and signed Change in Scope Assurances Checklist (Attachment C of this PIN)
- A brief narrative (maximum of three pages for dropping a site; maximum of two pages for dropping a service) describing the change in scope that is being proposed and addressing the following questions:
 1. Why is the reduction in site/service being proposed?
 2. Describe the target population currently served by the site/service. Include the following information:
 - a. Number of annual users
 - b. Number of annual patient encounters
 - c. Describe any other access to health care issues of the population (i.e., number of uninsured and low-income individuals, health disparities, etc.).
 3. What is the impact on this target population from dropping the site/service?
 4. Describe how access to care has been assured for patients currently served by the site/service.
 - a. Include a list of other providers in the area who can deliver services to the Population and the contact made with them.
 - b. What effect does dropping the site/service have on the required services provided? Please address how the appropriateness and quality of care will be maintained.

VI. SCOPE OF PROJECT POLICY ISSUES

A. Scope of Project and FTCA Coverage

The FTCA coverage is applicable only to staff and services that are documented as being within the scope of the approved project. Therefore, it is critically important that requests for approval of changes in sites and/or services be submitted to BPHC and that the approved changes be included as part of the described scope of project in the health center's next continuation application. The complete requirements for FTCA coverage and the deeming process are outlined in PINs 99-08 and 2001-11 and include additional requirements beyond maintaining an updated scope of project. Questions concerning FTCA should be directed to the FTCA Coordinator in your Field Office.

B. Scope of Project and FQHC Medicaid PPS or Alternative Methodology Reimbursement

- After a change in scope of project is approved by BPHC, it is the responsibility of each health center to notify its State Medicaid office of any changes pertaining to sites and services. Most States rely on the approved scope of project to make FQHC Medicaid PPS or alternative payment methodology decisions. Please note the change in scope of project for Health Resources and Services Administration grantees is not the same as a change in scope of services for increased reimbursement through the PPS.

C. Scope of Project and FQHC Medicare Cost-Based Reimbursement

After a change in scope of project is approved by BPHC, it is the responsibility of each health center to notify its CMS Regional Office regarding any changes in sites for the purposes of receiving FQHC Medicare cost-based reimbursement.

D. Scope of Project and the Section 340B Drug Pricing Program

Health centers qualify as covered entities under the section 340B Drug Pricing Program. However, only “patients” being served within a health center’s scope of project are eligible for discounted drug purchases. An individual is considered a “patient” if:

- the health center has established a relationship with the individual (i.e., maintains records of the individual’s health care);
- the individual receives health care services from a health care professional who is either employed by the health center or provides health care under contractual or other arrangements such that the responsibility for the care provided remains with the health center; and
- the individual receives a health care service or range of services from the health center that is consistent with the service or range of services for which grant funding is awarded.
- the individual will not be considered a patient of the health center for purposes of section 340B if the only health service received from the health center is the dispensing of a drug.

For further information regarding this program, please call the Office of Pharmacy Affairs at 1-800-628-6297 or 301-594-4353.

E. Scope of Project and Accreditation of Health Centers

Health centers accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are responsible for notifying JCAHO of organizational changes, as these may result in a requirement for an extension survey. Specific information can be found in the JCAHO Official Accreditation Policies and Procedures chapter of the current Comprehensive Accreditation Manual for Ambulatory Care.

For those health centers accredited by other organizations, please refer to the accrediting body’s policies and procedures.

F. Contact Information

If you have any questions regarding the scope of project policy or the process for requesting approval of changes in scope, please contact your project officer identified on the NGA.

ATTACHMENT A: COVER PAGE FOR CHANGE IN SCOPE REQUESTS

HEALTH CENTER NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL: _____ **FIELD OFFICE:** _____

GRANT NUMBER (See Block 4 of NGA): _____

CONTACT PERSON

NAME: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

TYPE OF CHANGE IN SCOPE REQUEST & COMPLETED INFORMATION

___ **Adding a Service**

- Exhibit B of the Single Grant Application
- One-year budget specific for the change
- One-year total budget (for the entire scope of project)
- Change in Scope Assurances Checklist (Attachment B)
- Narrative addressing questions outlined in Section V of the PIN

___ **Adding a Site**

- Exhibit B of the Single Grant Application
- One-year budget specific for the change
- One-year total budget (for the entire scope of project)
- Change in Scope Assurances Checklist (Attachment B)
- Narrative addressing questions outlined in Section V of the PIN

___ **Relocating a Site**

- Exhibit B of the Single Grant Application
- One-year budget specific for the change
- One-year total budget (for the entire scope of project)
- Change in Scope Assurances Checklist (Attachment B)
- Narrative addressing questions outlined in Section V of the PIN

___ **Deleting a Service**

- Exhibit B of the Single Grant Application
- One-year budget specific for the change
- One-year total budget (for the entire scope of project)
- Change in Scope Assurances Checklist (Attachment C)
- Narrative addressing questions outlined in Section V of the PIN

___ **Deleting a Site**

- Exhibit B of the Single Grant Application
- One-year budget specific for the change
- One-year total budget (for the entire scope of project)
- Change in Scope Assurances Checklist (Attachment C)
- Narrative addressing questions outlined in Section V of the PIN

Send all requests via email to bphscope@hrsa.gov with the original signed copy to the Office of Grants Management, 4350 East West Highway, Bethesda, Maryland 20814, with a courtesy copy to your project officer in the Field Office.

ATTACHMENT B: CHANGE IN SCOPE ASSURANCES CHECKLIST

(For Requesting the Addition of a Site/Service or Relocation of a Site)

1. A preliminary consultation with the Field Office (FO) program contact was made.
 Yes No
Documentation: Contacted _____ (FO) on _____ (date)
2. The Board has approved the change in scope.
 Yes No
Documentation: Board minutes dated _____
3. The health center organization will continue to serve a Medically Underserved Area or Medically Underserved Population.
 Yes No
Documentation: Institutional file MUA and MUP Designation dated _____
4. The change in scope will maintain access to primary and/or preventive care for the underserved population.
 Yes No
Documentation: Addressed in narrative of request on Page _____
5. The change in scope will maintain the appropriateness of care, quality of care, and outcomes.
 Yes No
Documentation: Addressed in narrative of request on Page _____
6. The change in scope is part of a comprehensive primary health care system.
 Yes No
Documentation: Addressed in narrative of request on Page _____
7. The health center will offer discounts to individuals with incomes below 200 percent of poverty level at the new site or for the new service, as applicable, and services will be provided regardless of patients' ability to pay.
 Yes No
Documentation: On-site file Schedule of Discounts dated _____
8. The change in scope will not reduce the scope of primary care services offered to the target population or the total number of patients seen.
 Yes No
Documentation: Addressed in narrative of request on Page _____
9. No additional section 330 funding is required to support the new site/service.
 Yes No
Documentation: Budget as outlined in Section V of this PIN.
10. The health center organization is financially stable (i.e., not on a restricted drawdown, experiencing an operating deficit, or operating under a recovery plan).
 Yes No
Documentation: Budget as outlined in Section V of this PIN.

11. The change in scope complies with section 330, the implementing rules, and program expectations outlined in PIN 98-23. For example:
- A. New site/service is integrated into the health center's risk management program
 - B. New site/service is integrated into the health center's quality assurance plan
 - C. New site/service is integrated into the health center's management structure
 - D. Providers will undergo a process of credentialing and/or privileging
- Yes No
Documentation: On site files dated _____
12. If added or relocated sites have a different service area and/or target population than those already being served, board representation will be modified to represent users of those added or relocated sites.
- Yes No N/A
Documentation: Board minutes dated _____
13. If added or relocated sites are serving the same target population and/or the same service area as another FQHC, efforts have been made to collaborate on this specific change.
- Yes No N/A
Documentation: Justification addressed in narrative on page _____
14. If the health center is not covered under FTCA, the health center will make arrangements for malpractice coverage with a private insurer.
- Yes No N/A
15. If the health center participates in the section 340B Drug Pricing Program, the health center will notify the Office of Pharmacy Affairs regarding any approved site changes.
- Yes No N/A
16. If the health center receives PPS-related reimbursements from Medicaid by virtue of being a FQHC, the health center will notify the State Medicaid office regarding any approved site and service changes.
- Yes No N/A
17. If the health center receives cost-based reimbursements from Medicare by virtue of being a FQHC, the health center will notify the CMS Regional Office regarding any approved site changes.
- Yes No N/A
18. If the health center is currently accredited, the health center will notify the accrediting agency regarding any approved changes, in accordance with the accrediting body's policies and procedures.
- Yes No N/A

*If you answered "No" to any of the assurances, briefly explain and discuss any relevant factors (attach additional pages, if necessary):

To the best of my knowledge, I assure that the above information is true and correct.

Signature: _____

Name: _____

Date: _____

**ATTACHMENT C: CHANGE IN SCOPE ASSURANCES CHECKLIST
(For Requesting the Reduction of a Site/Service)**

1. A preliminary consultation with the Field Office project officer was made.
 Yes No
Documentation: Contacted _____ (FO) on _____ (date)
2. The Board has approved the change in scope.
 Yes No
Documentation: Board minutes dated _____
3. The health center organization will continue to serve a Medically Underserved Area or Medically Underserved Population.
 Yes No
Documentation: Institutional file MUA and MUP Designation dated _____
4. The change in scope will maintain access to primary and/or preventive care for the underserved population.
 Yes No
Documentation: Addressed in narrative of request on Page _____
5. The change in scope will maintain the appropriateness of care, quality of care, and outcomes.
 Yes No
Documentation: Addressed in narrative of request on Page _____
6. Efforts have been made to contact other providers in the area to assure access to care for patients currently service by the site/service.
 Yes No
Documentation: Addressed in narrative of request on Page _____
7. The change in scope complies with section 330, the implementing rules, and program expectations outlined in PIN 98-23.
 Yes No

**If you answered "No" to any of the assurances, briefly explain any relevant factors.

To the best of my knowledge, I assure that the above information is true and correct.

Signature: _____

Name: _____

Date: _____